

HSEES REPORTING FORM

REPORTING AGENCY CONTACT INFORMATION:

Name: _____ Phone: _____ Email: _____

INCIDENT INFORMATION:

TIME:

1. Date: _____
2. Start time: _____
3. Duration of the release: _____
4. End time for the release: _____

LOCATION:

5. Geographical location of incident:
 - Street address: _____
 - City: _____
 - County: _____
 - Zip code: _____

NOTE: If exact address is not known, enter cross streets, highway mile marker, railroad milepost, and nearest city.

6. Name of business/industry where incident occurred: (if not a business/industry, enter "private household")

7. If business/industry, enter NAICS code: _____
8. Where the incident occur: (fixed facility or during transportation, including moving, loading or unloading) _____

NOTE: Fixed facility answer questions 9-11, Transportation answer question 12-13

FIXED FACILITY:

9. Describe the location within the facility where the event occurred:

10. List equipment involved in the event: (ancillary process equipment, piping, etc.)

11. Number of people working the facility during the event: _____
12. Number of people visiting the facility during the event: _____

TRANSPORTATION:

13. Mode of transportation was involved: (ground, rail, water, air, etc.)

14. Phase of transportation was involved: (loading, unloading, moving, etc.)

SURROUNDINGS

15. Weather conditions at time of the event: _____
16. Where the release impacted:(inside, outside or both) _____

FACTORS CONTRIBUTING TO THE RELEASE

17. List the primary factor: (equipment failure, human error, intentional, etc.)

18. List the secondary factor: (improper mixing, system upset, maintenance, etc.)

DESCRIPTION OF SUBSTANCE(S)

19. Total number of chemicals reported: _____

20. Chemical or trade name of substance: _____

21. Note if substance was actually released, or threatened to be released: _____

22. Type of release: (spill, vapor, fire, explosion, etc.) _____

23. Quantity released: _____

VICTIM(S)

24. Number of people transported to medical facility with no symptoms: _____

25. Number of people injured in this event: _____

NOTE: If more than one victim, complete the below sub-questions for each victim

○ Category of victim: (employee, general public, police, student, etc.) _____

○ Severity of victim: (treated on scene, at hospital, death on scene, etc.) _____

○ Symptoms of victim: (respiratory irritation, dizziness, headache, etc.) _____

○ Level of Personal Protective Equipment (PPE) used by victim prior to incident: (none, level A, B, C, D, gloves, eye protection, etc.) _____

○ Sex of victim: _____

○ Age of victim: _____

○ Location of victim in relation to point of release: _____

○ Was the victim decontaminated: (no, yes-at the scene, yes-at medical facility, etc.) _____

EFFECTS OF RELEASE:

26. Number of people who self-evacuated: _____

27. Note whether an official order an evacuation: (if yes, answer sub-questions) _____

○ List criteria for evacuation: _____

○ Total number officially evacuated: _____

○ Total hours the evacuation order was in effect: _____

○ Note if in-place sheltering was ordered: _____

○ Level of restriction: _____

28. List any contamination from the release: _____

29. List all who responded to this incident: _____

30. List any activities taken to protect public health as a result of this event: (health advisory, health investigation, environmental sampling, etc.) _____

31. Please enter a brief synopsis of the event (200 words of less)
